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Hospitalizations from Injuries: A Report on the Completeness of External-Cause-of-Injury Coding in the State's Hospital Discharge Data North Carolina, 1997-1999

by

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ABSTRACT

Objectives: The purpose of this study is to assess the completeness of the recording of external cause of injury codes (E-codes) on North Carolina hospital discharge records, for those patients with an injury as the primary cause of admission. E-codes are very important for public health efforts to identify the causes of injuries and design programs to prevent injuries.

Methods: North Carolina hospital discharge records for 1997 through 1999 with a primary diagnosis of injury were examined to determine the frequency of E-coding by the specific type of injury, age, race, gender, length of stay, payer classification, and level of trauma center.

Results: Overall, from 1997 through 1999, 83 percent of North Carolina hospital discharge records with a primary diagnosis of injury had an E-code recorded. For most of the major categories of injury, the recording of E-codes was 95 percent or higher. There was little difference in E-coding by age, race, or gender. Patients with shorter lengths of stay had a higher rate of E-coding. Patients with Medicare as the main source of payment had a relatively low rate of E-coding. Hospitals with the highest level of trauma center designation had the lowest rate of E-coding.

Conclusions: Recording of E-codes for hospitalizations due to injury is generally high, especially considering that the reporting of E-codes on hospital discharge records is voluntary in North Carolina. Greater awareness of the importance of E-codes might encourage hospitals to continue and to improve the reporting of E-codes for injury-related hospitalizations, which would enhance our ability to design effective injury prevention programs.

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